

# JUNK COLLECTOR'S LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

#### **LICENSE PERIOD:**

May 1 – April 30; Licenses are issued for a 2-year period which expires on April 30 in even-numbered years, regardless of the date of issuance.

### **APPLICATION:**

Complete and return application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

#### FEE:

The \$125 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee. You will need to submit a separate fee and application for each vehicle.

#### **SIGNATURES**:

Signatures of the individual, all partners, the agent, president and secretary of the corporation or the agent and all members of a limited liability company are required.

### **REQUIREMENTS**:

If you plan to haul abandoned vehicles to Miller Compressing for crushing, you will need to obtain a state of Wisconsin Salvage Dealer license. The state requires that local municipalities sign the state application form, we cannot sign this form unless you have obtained the city of Milwaukee's Junk Collector's license. Call the Wisconsin Department of Transportation Dealer's Section at (608) 266-1425 or <a href="http://www.dot.wisconsin.gov/business/dealers/licenses/index.htm">http://www.dot.wisconsin.gov/business/dealers/licenses/index.htm</a>

<u>POLICE INVESTIGATION</u>: The Milwaukee Police Department conducts an investigation of all license applicants. Applicants may be contacted by a representative of the Police Department in the course of conducting its investigation.

#### **GRANTING:**

After recommended approval by the Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. It generally takes about 5 to 6 weeks to process an application provided you follow the above instructions in a timely manner. Please note that no meetings are held during the month of August.

Regulations related to JUNK COLLECTOR'S LICENSES are provided in s. 92-3 of the Milwaukee Code of Ordinances and are available online at <a href="http://www.milwaukee.gov/ordinances">http://www.milwaukee.gov/ordinances</a> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.



## JUNK COLLECTOR'S LICENSE APPLICATION

ccl-136b (06/04)

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Milwaukee Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D) ☐ Corporation or LLC (Fill out Section B, C, & D)

	INDIVIDUAL OR PARTNERSHIP:		Partner #2		
Α	Full Name (Last, First & Middle Initial)		Full Name (Last, First & Middle Initial)		
	T Home Street Address.		Home Street Address:		
or					
Section	Home City, State, Zip Code:		Home City, State, Zip Code:		
Se					
	Home Phone Number: ( ) -		Home Phone Number: ( ) -		
	Date of Birth:		Date of	Birth:	
	Business Name:		Busines	ss Phone Numb	er: ( ) -
			,		
	Business Address (include City, State, Zip Code):				
on B	Mailing Address (if different from above address):				
	I Manager Name:		Home Phone Number: ( ) -		
Section	Home Address (Include City, State, Zip Code):				
S	Vehicle Make:	Vehi	cle Year:		Vehicle Weight:
	Vehicle Plate #:	VIN 7	#:		
	Address where this vehicle will be parked when not in use?				
	Full Name of corporation or limited liability company:				
	Date and State of Incorporation:				
4.	Date and State of moriporation.				
ıς	Agent:				
ctio	Full Name (Last, First & Middle Initial):				
Section	Home Street Address:		Home Phone Number: ( ) -		
	Home City, State, Zip Code:		Date of Birth:		

**OVER** 

	President/Member	Vice President/Member				
Cont.	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):				
	Home Street Address:	Home Street Address:				
	Home City, State, Zip Code:	Home City, State, Zip Code:				
	Home Phone Number: ( ) -	Home Phone Number: ( ) -				
	Date of Birth:	Date of Birth:				
O	Secretary/Member	Treasurer/Member				
S	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):				
	Home Street Address:	Home Street Address:				
	Home City, State, Zip Code:	Home City, State, Zip Code:				
	Home Phone Number: ( ) -	Home Phone Number: ( ) -				
	Date of Birth:	Date of Birth:				
Section D	The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.  I have knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing					
Office Use Only:						
Initi	als: Filed: AD: Li	cense #: Granted:				